



TOWN OF BELLINGHAM

10 Mechanic Street * Bellingham, MA 02019

Commission on Disability

(Tel) 508-966-2967 (Fax) 508-966-4303

bsmith@bellinghamma.org

OMB No. 1190-0009

Title II of the Americans with Disabilities Act

Section 504 of the Rehabilitation Act of 1973

Discrimination Complaint Form

Complainant: _____

Address: _____

City, State & Zip: _____

Contact number: _____

Person discriminated against: (if other than the complainant):

Address: _____

City, State & Zip: _____

Contact number: _____

Business, department or location which you believe has discriminated:

Name: _____

Address: _____

City, State & Zip: _____

Contact number: _____

When did discrimination occur? Date:_____

Describe the act(s) of discrimination - providing names:

What, if any, efforts been made to resolve this complaint:

Please include any correspondence, pictures or other supporting documentation if available.

Submit to: Town of Bellingham
Beth Cornell-Smith, ADA Coordinator
10 Mechanic St
Bellingham, MA 02019

Complainant Signature

Date